

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000005622			
1. Entity Name ASSOCIATION OF HIALEAH RETIRED MUNICIPAL EMPLOYEES, INCORPORATED			
Principal Place of Business 4225 SW 151 TR. MIRAMAR FL 33027 US		Mailing Address P O BOX 2501 PALM CITY FL 34991 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent KLAUSNER, ROBERT D 10059 N.W. 1ST COURT PLANTATION FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>A. Chamberlain</i> DIRECTOR PRES DATE 4-16-06 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			



1st MOORE CR2E037 (10/05)

4. FEI Number **65-1072763** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHAMBERLAIN, THOMAS R 4225 SW 151 TR MIRAMAR FL 33027 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HAMEETMAN, GEORGE 4489 SW LONG BAY DRIVE PALM CITY FL 34990 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CICHEWICZ, JAMES 17108 90 ST NORTH LOXAHATCHEE FL 33470 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KIDD, JAMES 871 SE 2 PLACE HIALEAH FL 33010 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHATAS, WAYNE 11150 NW 19 STREET PEMBROKE PINES FL 33026 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAD, NORMAN 7460 NW 18 STREET # 202 MARGATE FL 33067 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or this corporation's registered agent, as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *A. Chamberlain* **DIRECTOR PRES** DATE **4-16-06** **954-438-3636**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR